

Applicant : Fallon et al.
Serial No. : 09/739,933
Filed : December 18, 2000
Page : 2

Attorney's Docket No.: 07306-021001 / 1997-284-3


sent, via registered certified mail, another Combined Declaration and Power of Attorney and Assignment to Dr. Reid for his signature to the last known address of Dr. Reid:

2210 Palo Verde Road
Irvine, CA 92612

A copy of the Certified Mail Receipt which was returned to us is enclosed showing that we have attempted delivery of the formal papers.

5. I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date 9-12-01


Michael Reed, Ph.D.



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

IRVINE CA 92612

Postage	\$ \$0.57
	\$2.10
Certified Fee	\$1.50
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$4.17
Total Postage & Fees	

7000 0250 0250 4200 2427 3973

Postmark Here

08X1072001106
07306-021001

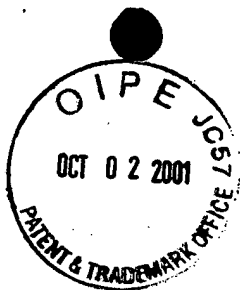
Recipient's Name (Please Print Clearly) (To be completed by mailer)
James Steven Reid
Street, Apt. No., or PO Box No.
2210 Palo Verde Rd
City, State, ZIP+4
Irvine CA 92612

PS Form 3800, February 2000 See Reverse for Instructions.

RECEIVED

OCT 05 2001

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DEPUTY A/C PATENTS



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

James Steven Reid
2210 Palo Verde Rd
Irvine, CA 92612

4a. Article Number

7000 0520 0024 34273493

4b. Service Type

- ☒ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

MPR/imb

Domestic Return Receipt

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